



Inspection Report on

Bonymaen House

City & County Of Swansea

62 Cardigan Crescent

Winch Wen

Swansea

SA1 7DY

Date Inspection Completed

17/07/2023

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About Bonymaen House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	02 & 03/02/2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Bonymaen house is a good service, it is busy but welcoming, supporting people over short periods of assessment and reablement. The service supports the needs of individuals well. People told us they are happy with the service provided. The service is situated on the outskirts of Swansea with well-presented garden and patio areas available for people and relatives to meet. Staff know people well and interactions are relaxed and friendly. Staff understand what matters to people and are commented to the assessment and rehabilitation process. People have the opportunity to be supported by a multi-disciplinary team including occupational therapists nursing staff and physiotherapists. There is a strong sense of teamwork among staff led by a well-respected and proactive management team. Staff are supported by regular supervision, appraisals and team meetings offering an opportunity of open discussion. Pre employment checks are carried out to ensure the suitability of staff to work with vulnerable people. Staff spoken with expressed their pride and feelings of accomplishment in their roles. The Responsible Individual (RI) is actively involved in the home and has good oversight to ensure the drive for quality improvement.

Well-being

The service has good oversight and clear governance arrangements in place with strong line management and good methods of communication. The (RI) makes themselves

available to speak to people and staff in the service. This is clearly reflected within the regulatory visit reports and the quality-of-care reviews produced by the RI to support and improve the well-being of people.

People feel safe, secure, and protected from abuse and neglect. People are supported by knowledgeable, skilled staff who understand their role and responsibilities in the safeguarding process. Staff receive safeguarding training supported by a comprehensive safeguarding policy and procedure. There are good mechanisms in place to support the administration of medication, and safe recruitment. Enhanced DBS (Disclosure and Barring Service) checks are undertaken and reviewed regularly.

People have control over their day to day lives. People are encouraged to write their own outcomes as part of the assessment and rehabilitation process. We saw documentation to support this. People told us they are happy with the service and with the help and support they receive in order to return home. People are treated with dignity and respect. People told us they are happy and comfortable; we saw interactions which showed engagement with people affording respect and equality.

People live in accommodation, which supports and encourages their wellbeing. People's rooms are functional and personalised to the taste of the individual. They have facilities which encourage independence and reablement. Both communal and private areas are available where people can socialise or have time alone. People told us; *"This is a really nice room; I have a big window and I can see out over the garden"*. People are encouraged to carry out daily activities, we saw people making their own breakfast and drinks at the breakfast station. We saw people and relatives socialising in the communal areas, where people have access to a piano, games and tea and coffee making facilities. People navigated the area confidently and freely.

Care and Support

People are supported with the care and support they need. Care workers promote the independence of the individual with risk assessments and bespoke personal plans written by the individual alone or with the support of staff. Plans detail their likes, dislikes and set

out goal steps to support them to achieve their outcomes and aspirations. This was supported by documentation seen and discussions with relatives, staff, and members of the multi-disciplinary team (MDT). People and relatives told us; *“I am in the process of filling in my assessment, what I want to achieve while I am here”*. And *“From day one we all saw what a positive difference the home made, not just with his health but with his morale it's like a second home”*. Daily records could be strengthened to reflect the valuable support and guidance we saw given to people.

The provider has considered a wide range of views and information to confirm their ability to meet the needs of people they support. The service has a comprehensive pre assessment process, supported by good policy and procedures which show staff the needs and preliminary outcomes for people. The statement of purpose (SoP); a document which shows people what can be expected from the service is reviewed regularly by the RI. The provider has produced a guide to services alongside a welcome pack, both are reviewed regularly by the service.

The provider has good mechanisms in place to safeguard vulnerable people they support. We saw robust policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. Staff told us; *“It's about protecting people, and I would absolutely report any issues to the manager and safeguarding team”*. And People told us; *“I'm happy here and I'm safe”*. *“The staff are good here”*.

There are good systems in place to manage medication at the service. Medication records are audited and there are safe systems in place to support the well-being of people. Medication charts seen are completed appropriately and medication is stored correctly in locked trolleys in a locked cupboard. As and when medication (PRN) is administered in line with GP guidance. Training for staff with responsibility for administering medication was in place and six-monthly competency assessments carried out.

Environment

The provider ensures that peoples care, and support is provided in a location and environment with facilities that promote people's well-being and safety. The building is set on two floors, with lounge and spacious dining area which overlooks the patio and garden area available to people and relatives to meet and socialise. The service is comfortable, clean and well maintained, with facilities which support the rehabilitation and well-being of

people. We saw a gym used by people supported by a physiotherapist. People told us; *“I’ll see the physio again tomorrow, it’s really good that they are here in the building, and I don’t need to travel anywhere”*. Rooms are personalised to the taste of people and are suitably furnished. We saw information boards with daily activities and the names of those staff on duty. People told us it gives them confidence to know what’s going on.

The provider has systems in place to mitigate the risk to the health and safety of people. The service is very well maintained with environmental, and health and safety checks conducted on a regular basis. Routine servicing of utilities such as gas and electric take place and certificates seen. Materials which have the potential to cause harm are securely locked away to safeguard people. We saw written records confirming the testing and servicing of electrical equipment. Risk assessments around water temperatures and legionella are in place. We saw servicing records for fire safety equipment and fire system. We looked at personal emergency evacuation plans (PEEP’s) for people. Evacuation procedures are in place to ensure the well-being of people. We saw the kitchen had a food hygiene rating of five (very good). We found the kitchen to be clean and well equipped. Kitchen staff had good knowledge of people’s dietary requirements to support their health and well-being. There is a well-established team of cleaning staff, we saw a comprehensive cleaning schedule is in place to support cleanliness and infection control. We saw a call system in place to safeguard people, staff responded quickly when we tested the alarm.

Leadership and Management

Governance arrangements are in place to support the smooth operation of the service. The service has good systems in place to monitor and review the quality of care and support being provided. There is a strong management team who show a good understanding of the people living in the service and their role in people’s assessment and rehabilitation. There is a culture of openness and an eagerness to improve existing systems which was evident throughout the inspection from the team as a whole. This is further supported when speaking to staff regardless of role, and in the quality monitoring visits and reports carried

out by the RI. The robust reports generate actions for the manager and team to maintain and improve the quality of care and support.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual outcomes and aspirations. Staff are sufficiently trained, enabling them to carry out their roles and responsibilities. The staff training plan is up to date and supports this. Staff told us; *“Training, anything you can imagine, I’ve done it”*. And *“My medication and competency has been done”*. We saw that all staff are registered with or working towards registration with Social Care Wales, the care regulatory body. Staff told us they feel supported by the manager and are proud of the work they do as a team to support people achieve their outcomes. From walking a few steps or going home without a support package of care. The manager has been with the service a short time but has made a positive impact on the service. Staff told us; *“The manager has an open-door policy, I am listened too and supported”*. And *“We have recently had a new management team, who have brought structure and fairness to the team”*. We saw five staff personal files which reflected good regular supervision and appraisals within regulatory time scale. Staff told us; *“The management team listen to staff concerns and act appropriately”*. Files also confirmed pre-employment checks are in place. Including Disclosure Barring Service (DBS) checks which are then reviewed within regulatory timescales.

The provider has oversight of the financial arrangements and investment in the service. There are sufficient numbers of staff on duty to safely support people to achieve their outcomes. The RI has plans to redesign areas of the service to increase their ability to support people to achieve their outcomes around daily living skills.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
35	Staff records were incomplete. Ensure staff personnel records contain all the relevant information and are made available at the service for inspection.	Achieved
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to safeguarding, food hygiene, health and safety and infection control.	Achieved

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